

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							09/445843	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
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TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	31						TOTAL DEP.	
TOTAL CLAIMS	34						TOTAL CLAIMS	